WEDNESDAY • October 12, 1994

Clinical Congress News

The American College of Surgeons • 80th Clinical Congress • October 9-14, 1994 • Chicago

General Sessions

Wednesday

Symposium
Prostate Cancer
8:30 am in McCormick Place East, Arie Crown Theatre

The symposium will explore: early detection multi-institutional studies, the national prostate cancer detection project, an update on National Prostate Cancer Awareness Week, guidelines for the detection of prostate cancer, and the third national ACOS survey on prostate cancer.

General Panel Discussion
Limb Salvage in the '90s: How Much Effort Is Justified?
8:30 am in McCormick Place East, Rooms E271A-B

Topics to be addressed in this panel include: (1) the demographics and cost of limb salvage in the '90s; (2) limb salvage with a satisfactory saphenous vein; (3) limb salvage in the absence of a saphenous vein; (4) limb salvage in extremities with necrosis beyond the limits of a transmetatarsal amputation; and (5) when should a primary amputation be performed and what are the long-term functional results?

Panel Discussion
Laparoscopic Surgery Worldwide
10:30 am in McCormick Place East, Arie Crown Theatre

This two-hour session will present 20-minute views from Europe, Latin America, and North America. Presenters will discuss general aspects of laparoscopy around the world including the feasibility of performing this type of surgery given cost constraints in many developing countries. Some innovative approaches will be shown as well.

General Panel Discussion
Prevention and Treatment of Hospital-Acquired Infections in Surgical Patients
1:30 pm in McCormick Place East, Room E451A

Items to be discussed include: (1) the staphylococci: methicillin resistance and other forms of resistance in staph aureus and staph epidermidis — implications for clini-

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Managed care explored

At Tuesday's panel on "Managed Health Care: A Surgeon's Perspective," four experts explained aspects integral to the reform and delivery process.

Charles L. Rice, MD, FACS, chief of general surgery and associate dean of the University of Illinois Medical School, Chicago, spoke on the economic realities of health care as they are seen by Congress.

Dr. Rice said that although "we view ourselves in a global economy," U.S. spending on health care far exceeds that of other countries, which "wouldn't be so bad if we were providing better care." However, Dr. Rice said, the U.S. ranks 19th in infant mortality and 21st in life expectancy. He also reminded the audience that 17 percent of U.S. children live below the poverty line.

Regarding who should pay for care, Dr. Rice said, "There is an illusion that a large amount of health care could be paid for through savings." But, he added, to save 10 percent of health care costs, physician salaries would need to be reduced by 20 percent, defensive medicine would need to be virtually eliminated, HMOs would need to double, and administration would need to be compressed. Dr. Rice said that Congress traditionally will look for payment sources through wages, out-of-pocket means, and taxes. After all, he said, "magic money is not available."

Dr. Rice also detailed the forces that influenced health care reform, or the lack of it, this year: the large health care bill was crafted outside of Congress; the indictment of the former Chairman of the Ways and Means Committee, Representative Dan Rostenkowski; the financial, as opposed to health care, interests of Senator Daniel P. Moynihan; NAFTA concerns; interest in the crime bill; overseas dilemmas in Bosnia, Somalia, Rwanda, and Haiti; the Whitewater investigation; and an improving economy.

Since federal efforts have been disappointing, he continued, individual states have become active in reform, but are "still left with a terrible assault on their own budgets" through costs

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Surgeons learn of liability risks in managed care

A panel discussion on Tuesday morning sponsored by the ACS Regental Committee on Professional Liability considered some of the medicolegal pitfalls for surgeons practicing in a managed care setting. The panel was moderated by Donald J. Palmisano, MD, JD, FACS.

The first speaker was Herbert J. Mang, Jr., JD, a malpractice defense attorney with the firm of Mang, Gaudin, and Godofsky in Baton Rouge, LA. Mr. Mang addressed liability for surgeons associated with their clinical decision making in a managed care setting. He noted that "utilization review demands that you ration care at the point of service."

Mr. Mang stated that every case against a utilization review company in which some treatment has been withheld has been decided in favor of the patient. "The current malpractice law does not make allowances for practice in a managed care environment," Mr. Mang said. It is imperative that surgeons realize that a utilization review company cannot dictate when to discharge a patient, what test to order, or what the standard of care should be—it can only decide not to pay for the service, according to Mr. Mang. "In all cases, doctors should continue to act as a patient advocate and recommend the proper medical advice," he said.

The second speaker was Jeremy R. Morton, MD, FACS, a cardiothoracic surgeon practicing in Portland, ME. Dr. Morton noted that 1990 data indicate that $7 billion was allocated to malpractice costs and $15 billion was allocated to the practice of "defensive medicine." Thus, he said, managed care programs are vitally interested in controlling cost through practice parameters.

Maine is the first state to enact legislation regarding practice parameters, and Dr. Morton summarized the events that lead up to passage of the 1992 law. The law evolved from the Physicians' Liability Company's risk management program, and began in the form of underwriting guidelines. These guidelines focused on the areas of obstetrics, anesthesia, emergency medicine, and radiology, and had the active involvement

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Joan Islami (second from right), wife of the late Abdol Islami, MD, FACS, was honored by the Fellows Leadership Society at Monday's luncheon in the Stock Exchange Trading Room at the Art Institute of Chicago. The Islami family received this year's Distinguished Philanthropist Award for their gift that established the Abdol Islami Memorial Fund of the American College of Surgeons. In 1993, the fund was directed to be used for the ACS International Guest Scholarship Program. Accompanying Ms. Islami, from left to right, are Lloyd D. MacLean, ACS President; Yasmin Islami Henschel, daughter of Dr. and Mrs. Islami; Hugh H. Trout III, Chairman, Committee on Development; and W. Gerald Austen, MD, FACS, Chairman, Fellows Leadership Society.

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from areas such as ERISA (Employee Retirement Income Security Act). He also said that market reforms have been "intense."

The requirements for health care reform, in Dr. Rice's opinion, are: campaign finance reform, an informed electorate, honesty on the part of politicians, separation of employment from health insurance, universal coverage, and a standard benefits package.

In looking toward the future, Dr. Rice concluded with a quote from Winston Churchill: "The Americans can always be trusted to do the right thing after they have exhausted all the other possibilities."

Dwain L. Harper, DO, executive director of the Cleveland Health Choice Program, discussed how Cleveland has addressed reconciling health care costs and quality of care through outcomes measurement.

Thirty-two states now have some sort of mandatory outcomes reporting, he told the audience, and suggested that surgeons become familiar with the intricacies of outcomes analysis and application.

In 1989, he continued, the Cleveland Coalition was formed. In the group were providers, physicians, and purchasers. This unique grouping, he said, agreed to a market reform system based not on quantity but on quality of care. Therefore, it was necessary to develop systems to measure and demonstrate what high quality care is and where it can be found.

The Cleveland Program, Dr. Harper said, is voluntary, privately funded, uses state-of-the-art risk adjustment systems, does not rank hospitals, and does not measure individual physician performance.

Some of the outcomes measured by the Cleveland Program are mortality, length of stay, selected morbidity, and patient satisfaction. Full reports of this data are sent only to trained and qualified users. A public report is also issued.

To date, the five-year-old program has experienced satisfaction with a healthy representation of its constituents, its thoughtful outcomes research, and its interest in patient response.

Dr. Harper reminded the audience that outcomes data is now in the public domain, and this trend of available information will continue. Physicians, he said, "should become part of the architectural team" by incorporating and disseminating this information.

Philip B. Kalin, who until recently was the executive vice-president and chief operating officer at Mt. Sinai Hospital in Cleveland, discussed re-engineering processes. His efforts have been to reduce costs by an extensive restructuring program, which, he said, "is not simply to tell everybody to work harder, work faster."

The Mount Sinai approach, Mr. Kalin said, is "patient-centered management," the key principle of which is that quality and cost can be balanced.

He offered three examples of the magnitude of re-engineering at Mt. Sinai:

(1) Patient service workers were established, which combined the areas of transport, housekeeping, and food service. Mr. Kalin said that initially there was strong staff resistance in this area, and recommended that reform in this area should have specific methods and means established.

(2) Patient care models were established in which pathways were implemented and delays were minimized. Specifically, Mr. Kalin said, two "super" units were created: medicine and surgery. In this re-engineered area, he said, certain units were completely reconfigured by the nursing and house staff, proving that "the staff really does have the answers."

(3) Health information analysis was done, which brought utilization review, quality assurance, and medical records to the various units. A particular outcome from this re-engineering, Mr. Kalin said, was a sizable reduction in delays in discharge billing.

"Physician participation at the highest level," Mr. Kalin said, is instrumental to re-engineering. Mr. Kalin concluded by noting that re-engineering, by integrating goals, strategy, commitment, staff, and patients, "can fundamentally change all aspects of what you do."

Finally, John L. Miller, of Westlake Village, CA, a health care consultant who advises management groups, expounded on the myriad of new management structures. Mr. Miller said that today, "Physicians are forced into new alliances, new organizational relations...the dynamics of power in physicians' practices are changing."

Governance, he continued, is the structure and process of directing an organization. Mr. Miller said that the governance model "used to be relatively straightforward." However, the compression of health care institutions has resulted in partnerships that were not known before, he said. Although today's evolving governance structures are inherently different, "they can be molded," Mr. Miller said.

He then outlined the dimensions of governance: decide qualification of leadership and board members; determine the number of people in the leadership structure (for example, Mr. Miller has noted that selecting an odd number of directors tends to result in fewer stalemates); establish a mix of specialties; and determine constituencies that the board must represent.

Mr. Miller also outlined the five traits of good governance: (1) it is situational and flexible, (2) the leadership is capable of galvanizing its members; (3) it is a decisive group, (4) it is representative of its constituents, and (5) it is communicative.

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of many physicians.

Dr. Morton delineated the reservations of attorneys regarding the law, including allegations of "cookbook medicine," concerns about poor physician image, and a standard of care that exceeds the legal definition.

Dr. Morton said that the Maine initiative attempts to show what reasonable physicians believe to be a reasonable approach to the problem of liability and the practice of defensive medicine. The process, Dr. Morton said, has been worthwhile in that the goal of reducing costs associated with defensive medicine has been addressed.

The third speaker was Donna G. Klein, RN, JD, a former intensive care nurse who is now an attorney and head of the health care section with the law firm of McGlinchey Stafford Lang in New Orleans, LA. Ms. Klein told the audience about indemnification concerns associated with managed care contracts. She reviewed the legal aspects of contractual indemnity and discussed some of the problems inherent in indemnification clauses. "It is crucial that physicians read the contracts from managed care companies before signing," she said. "It *is* possible to make a managed care company explain and even change an indemnification clause if it is believed to be prejudicial to a physician's best interests," she stated.

According to Ms. Klein, some of the problems that indemnification clauses can cause surgeons include: (1) liability insurance companies may not cover contractual indemnity—it may be necessary to propose alternative language for negotiation, and (2) the wording of some clauses can be potentially dangerous—physicians may face increased costs or increased risk of liability.

Ms. Klein noted that although cases involving indemnification clauses in managed care contracts are reasonably new, the early experience indicates that the language of such clauses is generally extremely vague, and surgeons should exercise caution and obtain proper legal advice before signing these contracts.

No smoking

McCormick Place is a nonsmoking building; therefore, the College requests that you refrain from smoking on the premises.

The following companies have supported the Clinical Congress with advertisements in the Exhibit Guide section of this issue:

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The medical students participating in the 1994 Clinical Congress were honored at a reception on Sunday evening. Pictured here with several members of the Committee on Surgical Education in Medical Schools (CSEMS) are: (top row, left to right) Scott Kujath, University of Missouri, Kansas City, MO; Christopher Gilligan, Yale University, Hammersmith Hospital, London, England; Gregory Leal, University of Ottawa, Ottawa, ON; Jeffry Cardneau, University of Michigan, Ann Arbor, MI; Tord Alden, Rush University, Chicago, IL; Richard Ten Hulzen, Mayo Medical School, Rochester, MN; Willard E. Fee, Jr., MD, FACS, Stanford, CA, CSEMS member; Mark Charles, Queen's University, Kingston, ON; John Schneider, Medical College of Wisconsin, Sussex, WI; James Pilkington, Michigan State University, Saginaw, MI; James Black, Northwestern University, Chicago, IL; David Corry, University of Iowa, Iowa City, IA; Victor Chu, McGill University, Montreal, PQ; Peter F. Lawrence, MD, FACS, Salt Lake City, UT, CSEMS member. (Second row, left to right) David Oliak, Washington University, St. Louis, MO; Rupesh Jain, Northeastern Ohio Universities, Kent, OH; Traves Crabtree, Southern Illinois University, Springfield, IL; Charles Klodell, University of Louisville, Louisville, KY; Lindsay McNair, University of Connecticut, West Hartford, CT; Amrit Mangat, University of Illinois, Chicago, IL; Simon Drouin, Laval University, Val–Belair, PQ; Julia Gallagher, University of Massachusetts, Worcester, MA; Anthony Cutry, St. Louis University, St. Louis, MO; Karen Muscato, Medical College of Ohio, Toledo, OH; Ronald Guiano, Case Western Reserve University, Cleveland, OH; Michael Fischbein, Boston University, Brighton, MA; Iqbal Ahmed, University of Toronto, Toronto, ON. (Third row, left to right) David Rudman, University of Missouri, Columbia, MO; Sandra Jones, Wright State University, Kettering, OH; Christine Park, Indiana University, Indianapolis, IN; Craig Boswell, University of Wisconsin, Janesville, WI; Holly Mason, University of Vermont, Burlington, VT; Jason Keith, Ohio State University, Columbus, OH; Mark Rollins, University of Minnesota, Minneapolis, MN; Elizabeth Miller, University of Kentucky, Lexington, KY; Daniel Suh, University of Cincinnati, Cincinnati, OH; Timothy Pawlik, Tufts University, Somerville, MA; Patrick Flynn, Dartmouth Medical School, Hanover, NH; John Santaniello, Loyola University, Maywood, IL; John Craig, Wayne State University, Detroit, MI; Houston Johnson, Jr., MD, FACS, Sylvania, OH, CSEMS member; Karen E. Deveney, MD, FACS, Portland, OR, CSEMS member; Merril T. Dayton, MD, FACS, Salt Lake City, UT, CSEMS member. (Front row, left to right) Frederick W. Ackroyd, MD, FACS, Boston, MA, CSEMS member; Victor F. Garcia, MD, FACS, Cincinnati, OH, CSEMS member; Frances K. Conley, MD, FACS, Stanford, CA, CSEMS member; Chris G. Jamieson, MD, FACS, CSEMS Vice–Chairman, Toronto, ON; Layton F. Rikkers, MD, FACS, CSEMS Chairman, Omaha, NE; Kim U. Kahng, MD, FACS, Philadelphia, PA CSEMS member; Kirby I. Bland, MD, FACS, Providence, RI, CSEMS member; James C. Hebert, MD, FACS, Burlington, VT, CSEMS member; and Richard J. Gusberg, MD, FACS, New Haven, CT, CSEMES member.

Illness in celebrated persons discussed

At Monday's Science and Humanism Seminar, "Problems of Surgical Illness in Famous People," Oliver H. Beahrs, MD, FACS, of the Mayo Clinic, Rochester, MN, and ACS President from 1988 to 1989, and Professor Harold Ellis, CBE, FACS(Hon), of the division of anatomy and cell biology, University of London, discussed the illnesses of political leaders in the United States and England.

Dr. Beahrs, in exploring the health of United States presidents, told the audience that although traditional medical ethics require physician and patient confidentiality, certain rights of privacy are forfeited in the theoretical open society of our country. When the government does not accurately convey to physicians and to the public the condition of the president, Dr. Beahrs said, inappropriate care and negative political outcomes are possible.

Some of the former U.S. presidents who did not receive good care, or whose advisors misled the public, he said, were Presidents James Garfield, Grover Cleveland, Woodrow Wilson, Warren Harding, Franklin D. Roosevelt, Dwight D. Eisenhower, and John F. Kennedy.

He then discussed in detail the several surgical problems suffered by Ronald Reagan during his presidency: a gunshot wound, a hemocolectomy, hypertrophy of the colon, a fall from a horse, and a subdural hematoma. He also discussed Mrs. Reagan's experience with a small breast carcinoma. Dr. Beahrs told the audience that the President and Mrs. Reagan, with the hopes of providing the public with accurate information about their medical history and care, asked that this information be disseminated.

Professor Ellis then delivered a lively lecture about the medical problems of three British monarchs: Caroline, the wife of George II; George IV; and Edward VII. Through his colorful vignettes, Professor Ellis answered the question, "How should you treat your famous patients?" The answers were to operate under the right circumstances, select the best surgeon, provide the same quality of care as you would to your other patients, and keep the public as informed as is possible and appropriate.

Dr. Folkman to examine angiogenesis research

At 1:30 this afternoon, M. Judah Folkman, MD, FACS, will deliver the I.S. Ravdin Lecture in the Basic Sciences, "Clinical Applications of Angiogenesis Research," in Room E451B of McCormick Place East. Dr. Folkman is the Julia Dyckman Andrus Professor of Pediatric Surgery, and professor of anatomy and cellular biology at Harvard Medical School, Boston MA.

In today's lecture, Dr. Folkman will trace the development of the field of angiogenesis research from its beginnings in a surgical research laboratory in the 1960s to its present state, in which laboratory findings are being translated to clinical trials worldwide.

Dr. Folkman will explore the three general types of clinical applications of angiogenesis research: (1) stimulation of angiogenesis, (2) inhibition of angiogenesis, and (3) diagnostic and prognostic applications.

According to Dr. Folkman, "The field of angiogenesis research is also being pursued by basic scientists in many countries. They are studying angiogenesis suppressor genes, development of the vascular system during embryogenesis, angiogenesis in the reproductive system, blood vessel growth during wound repair, and physiological and pathological angiogenesis in the eye, heart, joints, and skin."

Dr. Folkman, a 1957 graduate of Harvard Medical School, began his major laboratory effort on the study of angiogenesis while surgeon-in-chief at Children's Hospital in Boston (1967-1981). His laboratory reported the first purified angiogenic molecule, the first angiogenesis inhibitor, proposed the concept of angiogenic disease, and has begun clinical trials based on this research. Dr. Folkman believes that the possibility of anti-angiogenic therapy is now on a firm scientific foundation, not only in the treatment of cancer, but of many non-neoplastic diseases as well.

Initiates urged to be politically involved

On Monday the College's Committee on Young Surgeons presented the sixth annual Initiates' Program, entitled "Effective Political Activities by Surgeons to Promote Quality Surgical Education." The program was moderated by Charles D. Mabry, MD, FACS, who is Vice-Chairman of the committee.

The program's first speaker was Glenn R. Markus, a principal with Health Policy Alternatives, Washington, DC. Mr. Markus spoke about what surgeons can do to become involved with legislators. "In the political process, there are two types of players—participants and victims. If surgeons do not participate in today's political environment, they will almost certainly emerge as losers," he said.

Mr. Markus reiterated the validity of the saying that "all politics is local." Local participation is the basis of effective advocacy in any plan of political participation, he noted. At the heart of most political issues, Mr. Markus stated, is the issue of perception—not facts per se. Surgeons can do a great deal to influence perceptions by working with legislators. "There is no substitute for surgeons taking the time to contact officials and make them aware of your feelings on specific issues," Mr. Markus said.

The second speaker was Irving L. Kron, MD, FACS, professor and chief of the division of thoracic and cardiovascular surgery at the University of Virginia Health Science Center, Charlottesville. Dr. Kron told the audience that surgeons cannot effect change individually—it can only be accomplished through the collective efforts of active groups with common goals and expectations. According to Dr. Kron, the best way to organize involves utilizing the state medical societies, because most change takes place at the local level. He outlined a methodology for organizing state societies that includes: bringing together state surgical societies to one meeting site, developing joint council meetings, developing an issues committee, having combined social activities, and maintaining the individuality of component sections.

The third speaker was Emmit M. Jennings, MD, FACS, a general surgeon and state senator from Roswell, MN. Dr. Jennings noted that "if you as surgeons do not get involved in the political arena, legislators will eventually tell you how to conduct your practice—that's reality," he said. Dr. Jennings outlined what surgeons can do to become involved: (1) get to know your national and state representatives, (2) attend fundraisers — they are a necessary evil in the political process, and (3) when visiting representatives, be brief, factual, and concise.

"America will be healthy only if each person takes the time to be a citizen. That is especially true for you young surgeons," he concluded.

The fourth speaker was Charles L. Rice, MD, FACS, senior associate dean in the College of Medicine and professor of surgery at the University of Illinois, Chicago. Dr. Rice described his experiences emanating from his one-year tenure as a Robert Wood Johnson Health Policy Fellow working as legislative assistant for U.S. Senator Thomas Daschle (D-SD). He provided an overview of how the U.S. Congress operates, and he told the audience about the "realities" surrounding the passage of legislation. "Interest groups, constituents, federal bureaucracy, campaign contributions, and select think tanks all have an impact on the lengthy process to pass a bill," he noted. Of the 8,000 bills considered by the House and 2,000 bills considered by the Senate each year, less than 300 are actually passed, Dr. Rice noted. Also, it realistically takes 10 years for an idea to end up as law, he said.

In working with legislators, Dr. Rice advised the surgeons, stick to areas in which you are acknowledged experts, and expect to work closely with legislators' staffs.

The final speaker was Linn Meyer, Director of the ACS Communications Department. Ms. Meyer spoke about communicating with the media and groups in the community. She noted that news about medicine and health care is of intense interest to the public, and that the image of surgeons seems to run the spectrum from very bad to very good.

Ms. Meyer discussed the many positive reasons for developing a working relationship with members of the media, including: to clear up misconceptions and present the real facts regarding procedures, conditions, and new technology, and to explain why the quality of health care is important to the quality of life for patients.

Ms. Meyer provided the audience with guidelines to follow in preparing for an interview, including: always act as a patient advocate, get the facts about the interview first, know who you're dealing with, find out what questions you will be asked, anticipate any controversial issues that may arise from your discussion, get major points across early on in the interview, avoid medical jargon, exercise caution in quoting numbers, and, above all, keep calm—do not let a reporter elicit an emotional response.

In commenting on interacting with community groups, Ms. Meyer said, "The very best P.R. is something no amount of money can buy and no national organization can achieve—and that is the positive one-on-one relationship you have with your patients."

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cal management; (2) the real threat of enterococci; and (3) the persister organisms: pseudomonas, enterobacter, enterococci, and the like—implications for host defense, infection, and patient prognosis.

General Panel Discussion
The Gastrointestinal Tract As an Endocrine Organ
1:30 pm in McCormick Place East, Room E353

Topics intended for discussion include: hormonal control of the pancreas; clinical and physiologic significance in the processing of gut hormones; the role of gut hormones in carbohydrate metabolism; and gut hormones and gut tumors.

General Panel Discussion
Computers in Surgery
1:30 pm in McCormick Place East, Room E350

This program introduces concepts of medical and surgical informatics (the science of information access, storage, retrieval, structure, and networking).

The panel will discuss the virtual online library—electronic access replacing the paper library, Medline, Full Text, and others; telepresence surgery—the ability to perform operations using robotics in the OR and from remote locations; and electronic medical bulletin board information services. Basic techniques for navigation of the Internet will be explored, and the participant will be introduced to the tools necessary for access (Gopher, Mosaic, Medline), some of the useful medical and research databases on the Internet, as well as methods to easily implement these tools and achieve the necessary "connectivity."

Colloquium
A Colloquium on Ethics: An Ethics "M and M" Conference—Session I
Case #1: Separation of Siamese Twins
Case #2: Fetal Surgery
1:30 pm in McCormick Place East, Arie Crown Theatre

General Panel Discussion
Surgical Spectrum in Crohn's Disease
3:30 pm in McCormick Place East, Room E451A

Topics slated to be discussed include the role and results of strictureplasty, whether or not recurrent Crohn's disease is preventable, and malignancy in Crohn's disease.

Trauma Action Program
The Role of the General Surgeon in Trauma Management: Bones, Burrholes, and Broken Children
3:30 pm in McCormick Place East, Room E353

There are some who believe the trauma surgeon is limited to managing adult injuries of the chest and abdomen. What if it is 1:30 am and your car is the only one in the parking lot? What if it is 150 miles to the nearest subspecialist? What if the subspecialists are not appropriately responsive to trauma? The panel will pursue the issues of the trauma surgeon as "complete surgeon," and the trauma surgeon's relationship to subspecialty trauma care, along with medical and legal issues.

Panel Discussion
Management of Pain in the Perioperative Period
3:30 pm in McCormick Place East, Room E350

Significant postoperative pain, the aspect of surgery often feared most by patients, can no longer be accepted as unavoidable. It is time for reassessment of the management of postoperative pain because of several factors.

The symposium will review the psychology, pharmacology, and techniques for postoperative pain management. The place of the attending surgeon in management of perioperative pain will also be discussed.

Panel Discussion
Emerging Technology: Balancing Freedom and Responsibility
3:30 pm in McCormick Place East, Rooms E253C-D

In considering the use of a new technique, a surgeon must balance the desire to provide "the latest care" with the responsibility of being certain that the use of the new techniques will be of benefit to the patient.

This panel will provide surgeons with information and insight to help them maintain this balance, discussing the driving forces for the use of new technology, how to assess safety and efficacy without delaying progress, distinguishing between what's simply new and what is an improvement, the experience of the American Urological Association in teaching new techniques in an organized fashion, how teaching programs should be evaluated and credentialed, and who should introduce new technology.

Earl Mayne, MD, FACS: A legacy of education

The American College of Surgeons recently received $1.1 million from the Earl Mayne Education Fund in New York, NY. Before the College received the gift, the interest from the Mayne Education Fund had been used to fund medical scholarships for more than 2,900 medical students, totaling $1,750,000 over the past 50 years.

The Mayne Educational Fund fulfilled the dream of a boy who struggled to obtain his own education and resolved, if he could, to help other young people along the same path.

Earl Mayne, MD, FACS, was so intent on education that he not only paid his own way through three years of college, but simultaneously paid the expenses of a hired man who took his place at home on the farm. Mayne's father had said, "I have supported you for 18 years, Earl. Now you owe it to the rest of the family to work for a few years to pay some of that back."

Mayne was eager to reach a second goal, to become a physician, and here, too, he overcame a major difficulty. After completing the engineering course at the University of Iowa, he worked six years as a civil engineer, building roads and bridges, until he had saved $4,000.

That money enabled him to attend the Bellevue Hospital Medical College in New York City, where he completed his courses in the spring of 1893.

Born October 19, 1866, Earl Mayne was the youngest of eight children. His father, Thomas Mayne — an Ulster Englishman — and his mother, Jane Beggs — of Scottish descent — came to America in 1845. Shortly after Earl's birth, the family moved to a 640-acre farm near Mason City, IA, where they broke the prairie sod and lived for the first year in a log house. Ultimately they moved into a larger home.

Dr. Mayne

In the sturdy atmosphere engendered in a large family that lived on an efficiently run farm, the young Mayne learned the values of industry, self-reliance, and self-respect. During his formative high school years, he also had the good fortune to be influenced by a young principal of Mason City High School, Miss Carrie Lane. Later, she became the world-famous Carrie Chapman Catt, leader of the women's rights movement. It was largely she who inspired Earl to go to college.

Mayne won one of the two county scholarships for the University of Iowa. At college, he worked at various jobs to meet his own expenses and those of the hired man at home. He waited on tables, did chores, and, among outdoor jobs, cut cordwood for professors, setting himself a regular stint of three cords every Saturday at a dollar a cord.

At the university, he took the civil engineering course, but found himself adding more and more elective classes relating to medicine. Ultimately he decided to become a physician and began observing surgical procedures. Like many other medical students before and since, the operations were too much for him, and at times he fainted. But he persisted until he overcame his weakness.

After graduating as a civil engineer and while working on the construction of a bridge across the Mississippi River at Cairo, IL, he met and fell in love with Maud Rittenhouse. They became engaged, and when Earl started his medical career, they married.

Ultimately, Dr. Mayne moved to Bath Beach, a suburb of Brooklyn, NY. As a young doctor, he first made his rounds on bicycle, then by horse and buggy, and before long he had a steam-driven Locomobile, acquired in 1902.

The doctor's practice expanded, and so did his family, with the addition of three daughters. The family lived in Bath Beach for 26 years and then moved to the Bay Ridge section of Brooklyn, where Dr. Mayne practiced until 1948. He died June 9, 1949.

Dr. Mayne was a pioneer and reformer in protective and preventive health measures, often fighting prejudice to open the door for modern medicine. He was one of the founders of the Bay Ridge Hospital and for many years was the president of its board of directors. He held the presidency of the Bay Ridge Medical Society and a governorship in the American College of Surgeons.

Intent on helping worthy young people acquire educational advantages, Dr. Mayne founded the Mayne Educational Fund in 1944. That year, the stock that Dr. Mayne placed in the trust was valued at $64,461.

College establishes Mayne Heritage

Fifty years ago, Earl H. Mayne, MD, FACS, instituted a trust naming the American College of Surgeons as a beneficiary. Dr. Mayne, who died in 1949, clearly felt that supporting the research and educational programs of the College was one of the best ways to foster further development of the surgical sciences.

As the result of Dr. Mayne's vision and confidence, the College received a $1.1 million disbursement in summer 1994. To recognize Dr. Mayne and to encourage others to follow his example, the Mayne Heritage of the American College of Surgeons has been established. The designation Mayne Heritage is accorded to individuals who notify the College in writing that they have made a planned gift of at least $25,000.

Mayne Heritage designees are also accorded membership in the Fellows Leadership Society (FLS). All members are recognized in an annual honor roll that is published by the society. In addition, all members are invited to the FLS annual gala luncheon that is held during the Clinical Congress.

There are a number of ways in which you can advance the goals of the College while at the same time satisfying your own financial needs. As a resource, the FLS has published a compilation of all estate planning articles that have appeared in *FLS Quarterly.*

Copies of this booklet may be obtained by contacting the College's Development Office at 312/664-4050, ext. 376, or by visiting the Development Program exhibit in the ACS Resource Center.

Professor Trede to discuss pancreatic carcinoma

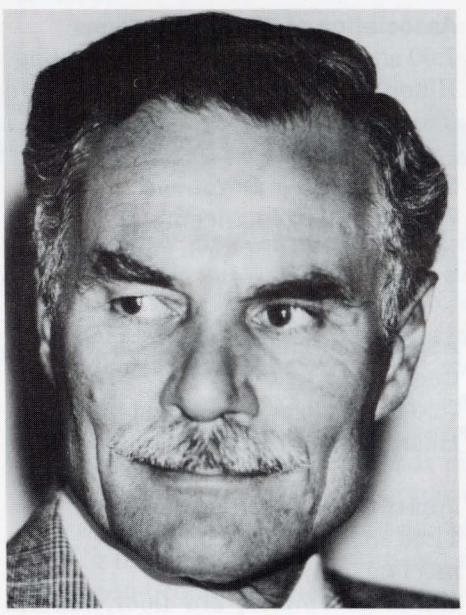
Professor Michael Trede, MD, FACS(Hon), will present the Distinguished Lecture of the International Society of Surgery, "Progress in the Surgical Treatment of Pancreatic Carcinoma," this afternoon at 3:00 in Room E451B of McCormick Place East. Professor Trede is chief surgeon and director of the department of surgery at the Mannheim Clinic, Mannheim, Germany.

Professor Trede was born in Hamburg, Germany, and received premedical education at Cambridge University in England, and received an MD in 1953 from Middlesex Hospital in London. After preliminary training and national service as an officer in the Royal Army Medical Corps in West Berlin (1955-1957), he returned to Germany to begin training as a surgeon under Professor Fritz Linder.

In 1959, he came to the U.S. to participate as a research fellow in cardiovascular surgery at the UCLA School of Medicine with William P. Longmire, MD, FACS, and James V. Maloney, Jr., MD, FACS. Their research there on deep hypothermia with extracorporeal circulation was awarded the prize of the Los Angeles County Heart Association.

In 1962, when back in Germany, he returned to the surgical department of Heidelberg University and to Professor Linder. In 1972 he was appointed to his present position at the Mannheim Clinic.

In today's lecture, Professor Trede will survey 22 years of experience with pancreatic cancer. Of this grim disease, he states, "While we are still looking in vain for an effective screening test for the diagnosis of 'early' cancers of the pancreas, modern imaging methods have brought progress in the staging of this cancer. This has led to a reduction of unnecessary exploratory laparotomies. Tangible progress has come from surgical treatment: Operative mortality has been reduced to well below 5 percent, and long-term (5-year) survival of the operable patients has increased to some 25 percent. So far, in spite of promising laboratory findings, all other modalities of treatment (normal, immunological, radio- and chemotherapy) have had very little impact in the clinical setting."



Dr. Trede

ACS and NLM arrange database access

Fellows of the College can now enjoy virtually unlimited on-line access to the National Library of Medicine's (NLM) databases—including MEDLINE—for a flat fee of $200 per year. (Canadian Fellows will have to pay an additional charge for telecommunications costs.) Normally, NLM charges fees that average $18 per hour, and the NLM estimates that the average cost of a Grateful Med search is $1.25.

This special arrangement for ACS Fellows is the result of a recent agreement between the College and NLM to undertake this experimental pilot project.

For the $200 annual fee, members obtain:

- One year of access to world-renowned database that contains over seven million references to medical journal articles from 1966 to the present.
- Access to NLM's 40-plus other databases, which cover topics such as cancer protocol (PDQ), AIDS (AIDSLINE), and toxicology (TOXLINE).
- A copy of Grateful Med software for IBM-compatible or Macintosh PCs.
- NLM's bimonthly publication, *Gratefully Yours.*
- Technical support via a toll-free number.
- Access to training and assistance from the NLM's 3,500-member National Network of Libraries of Medicine.

In addition, NLM's "Lonesome Doc" program will link users with a hospital or other medical library so that they can obtain printed copies of entire articles (libraries may charge a fee for this service, which would not be covered by the $200 fee).

The American College of Surgeons and the National Library of Medicine emphasize that this arrangement is designed solely for individual use and is not meant to be shared with multiple users.

New members will be sent a user ID, code/password, documentation, and customer service telephone numbers. This packet of information will be mailed within five working days as applications are received.

The National Technical Information Service will send the Grateful Med software to members within 10 working days after the application is received.

To obtain a copy of a brochure that outlines the program and includes an application form, stop by NLM's booth #2507 in the technical exhibit area, or the Communications Department's exhibit in the ACS Resource Center.

Allied Meetings

Please note: A number of medical school and alumni associations and surgical societies will have information booths, usually open the day of the event, in an area adjacent to the registration area in McCormick Place.

Wednesday

Morning

International Society of Surgery (SIC), U.S. Chapter
6:45 am - 8:00 am. Breakfast meeting.
Hilton & Towers, Lobby level, Continental Room B.

Video-Assisted Thoracic Surgery Study Group
7:00 am - 8:00 am. Breakfast meeting.
Hilton & Towers, 2nd floor, Boulevard Room A.

Surgical Oncology
7:00 am - 8:00 am. Breakfast meeting.
Hilton & Towers, 2nd floor, Boulevard Room C.

Association of Women Surgeons
7:00 am - 10:30 am. Breakfast meeting.
Hilton & Towers, 3rd floor, Williford Room A

SAGES Board of Governors
7:00 am - 5:00 pm. Meeting.
Hilton & Towers, 3rd floor, Waldorf Room.

ASCRS Continuing Education Committee
7:30 am - 9:00 am. Breakfast meeting.
Hilton & Towers, 5th floor, Room 5G.

Tripler General Surgery Program
11:00 am - 1:30 pm. Luncheon meeting.
Hilton & Towers, 3rd floor, Astoria Room.

Afternoon

ASCRS Residents Committee
12:00 noon - 1:30 pm. Luncheon meeting.
Hilton & Towers, 5th floor, Room 5H.

ASCRS Public Relations
12:00 noon - 2:00 pm. Luncheon meeting.
Hilton & Towers, 5th floor, Room 5G.

Central Surgical Association Membership Advisory Committee
12:00 noon - 3:00 pm. Luncheon meeting.
Hilton & Towers, 3rd floor, PDR #5.

American Society of Colon and Rectal Surgeons, Young Surgeons Committee
2:00 pm - 3:30 pm. Meeting.
Hilton & Towers, 5th floor, Room 5I.

Evening

ASCRS for Postgraduate Scholarship Winners
5:00 pm - 6:00 pm. Reception.
McCormick Place, Pillar Room 3.

Uniformed Services University Surgical Associates
5:30 pm - 7:00 pm. Military reception.
Hilton & Towers, 3rd floor, Marquette.

Central Surgical Association
5:30 pm - 7:30 pm. Reception.
Hilton & Towers, 3rd floor, Williford Room A.

University of Colorado Department of Surgery
5:30 pm - 7:30 pm. Reception.
Hilton & Towers, 3rd floor, Williford Room A.

SAGES General Membership
5:30 pm - 8:30 pm. Meeting.
Hilton & Towers, Lobby level, Continental Room B.

Association of Iranian Surgery
6:00 pm.
Reza Restaurant Ontario, 432 W. Ontario St.

Case Western Reserve University
6:00 pm - 7:30 pm. Reception.
Hilton & Towers, 2nd floor, Boulevard Room C.

Society of Graduate Surgeons of LAC/USC Medical Center
6:00 pm - 8:00 pm. Reception.
Hilton & Towers, 3rd floor, PDR #2.

Harlem Hospital Surgical Alumni and Friends
6:00 pm - 8:00 pm. Reception.
Hilton & Towers, 3rd floor, PDR #3.

University of Massachusetts Medical School Department of Surgery
6:00 pm - 8:00 pm. Reception.
Hilton & Towers, 2nd floor, Boulevard Room A.

Providence Hospital Surgical Alumni Association
6:00 pm - 8:00 pm. Reception.
Marriott Hotel, 3rd floor, Conference Room 14.

St. Luke's Roosevelt Hospital Center Department of Surgery
6:00 pm - 8:00 pm. Reception.
Marriott Hotel, 5th floor, Chicago Room A.

Robert E. Berry Surgical Society
6:00 pm - 8:00 pm. Reception.
Drake Hotel, Florentine Room.

Michael Reese Hospital Department of Surgery
6:30 pm - 8:30 pm. Reception.
Hilton & Towers, 3rd floor, PDR #1.

Henry N. Harkins Surgical Society
6:30 pm - 8:30 pm. Reception.
Hilton & Towers, 3rd floor, Williford Room C.

Loma Linda University Surgical Society
6:30 pm - 9:00 pm. Dinner meeting.
Hinsdale Hospital, Regnery Auditorium, Hinsdale, IL.

Karl Meyer Surgical Society
6:30 pm - 10:00. Reception/dinner.
Mid America Club, 200 E. Randolph St.

American Society of Colon & Rectal Surgeons, Program Committee
6:30 pm - 10:00 pm. Dinner meeting.
Hilton & Towers, 5th floor, Room 5H.

Haitian Fellows of the ACS
7:00 pm. Dinner/reception.
Zaven's, 260 E. Chestnut.

Matthew Walker Surgical Society
7:00 pm - 10:00 pm. Reception/dinner.
Hilton & Towers, 2nd floor, Boulevard Room B.

Chinese American College of Surgeons in North America
7:00 pm - 11:00 pm. Dinner meeting.
Szechwan House, 600 N. Michigan Ave.

Latin American Reception
7:00 pm - 12:00 pm. Reception.
Hilton & Towers, 3rd floor, Waldorf Room.

Maine Medical Center Department of Surgery Members, Alumni/ American College of Surgeons, Maine Chapter, Members and Guests
7:30 pm. Fifth annual dinner.
Printers Row Restaurant, 550 S. Dearborn St.

Thursday

Morning

ASCRS Standards Task Force
7:30 am - 8:30 am. Meeting.
Hilton & Towers, 5th floor, Room 5H.

American Society of Colon & Rectal Surgeons, Exhibitors' Advisory Committee
7:30 am - 9:30 am. Breakfast meeting.
Hilton & Towers, 5th floor, Room 5H.

Congress Chronicle

33 years ago

Ground broken for ACS headquarters

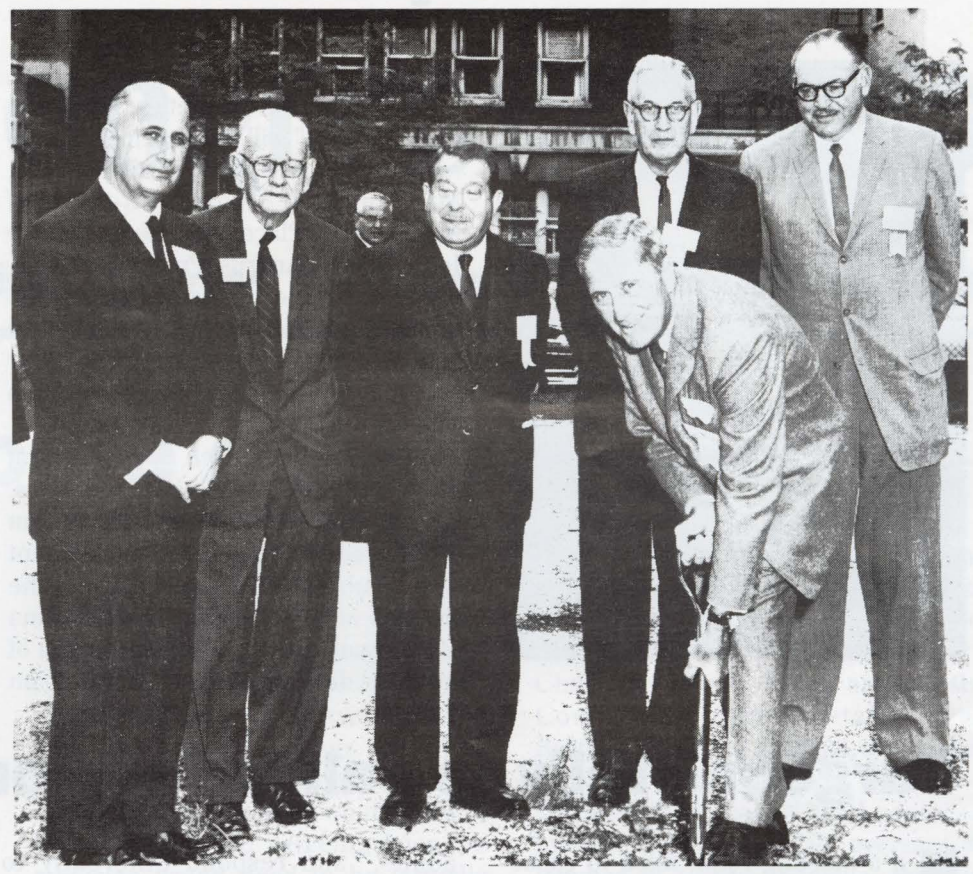
At 1:00 pm on Monday, October 2, 1961, ground was broken for the $3 million eight-story administration building to be erected by the American College of Surgeons at 55 East Erie. At that time, the College's headquarters was located at 40 East Erie, in four buildings, primarily the old mansion built in 1883 by Samuel Nickerson.

John Paul North, MD, FACS, Director of the College, noted: "We are holding this ground-breaking ceremony during the first day of the Congress so that members and friends of the College who are contributing to this building may participate in this long-dreamed-of moment. We believe this building will add significantly to the effective program of the College, and to the importance of Chicago as a great medical center."

In addition to Dr. North, participants in the ceremony were: Loyal Davis, MD, FACS, Chairman of the Board of Regents; I.S. Ravdin, MD, FACS, ACS President; Robert M. Zollinger, MD, FACS, President-Elect; Paul C. Samson, MD, FACS, Chairman of the Board of Governors, and Paul R. Hawley, former ACS Director.

Stated Dr. North: "One cannot avoid a poignant sense of loss at the thought of leaving the Nickerson home behind. It belongs to the past, however, and is irretrievable... The old offices are cold in the wintertime and frequently so hot in the summer that the staff have had to be dismissed in mid-afternoon. One can grow accustomed to the use of converted bathrooms as offices and corridors lined with filing cabinets, but this is not conducive to efficient operation."

The completed building was formally opened during the 1964 Clinical Congress in Chicago.



Dr. Loyal Davis breaks ground in 1961 for the future home of the American College of Surgeons at 55 East Erie as Drs. Robert M. Zollinger, Paul R. Hawley, I.S. Ravdin, John Paul North, and Paul C. Samson look on.

Patient choice is focus of new ACS ad campaign

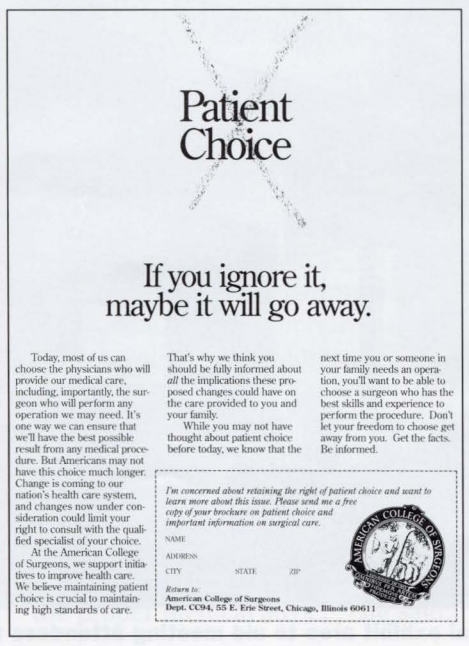
Fellows may not be aware that the College has sponsored a national consumer ad campaign for more than 14 years. Since 1980, the College has reached hundreds of thousands of people in this country through print and radio advertisements and has helped a great many of them with questions and problems they have about surgeons and surgical care.

The College's newest ad focuses on the critically important issue of patient choice. The ad campaign began in September in national consumer magazines and will be used to continue this successful program into 1995. The campaign was described in a feature story by Linn Meyer, Director of the College's Communications Department, in the August issue of the *Bulletin*.

Currently, the College is spending close to $1 million a year on the advertising program, and is committed to continuing the program in the future. The mainstay of the advertising campaign has been a full-page black-and-white ad that is placed in consumer magazines such as *Time, Newsweek, Woman's Day, People, Health, McCall's, Consumer's Digest, The New Yorker,* and many others. Other components of the program include radio commercials, newspaper columns prepared by the College that are distributed to suburban and community newspapers across the country, and a series of patient information brochures that are sent to people who respond to the print and radio advertisements.

As part of the advertising program, a new patient information brochure, entitled *It's Your Choice*, has just been produced by the College. The eight-page brochure echoes the College's belief that maintaining patient choice is crucial to maintaining high standards of care. It is designed to assist patients in understanding some of the issues and implications of the health care strategies, including managed care, that are currently being considered both nationally and at the local level.

Single copies of *It's Your Choice* may be obtained free of charge at the Communications Department's booth in the Resource Center, or by contacting the Communications Department at College headquarters.



Patient Choice

If you ignore it, maybe it will go away.

Today, most of us can choose the physicians who will provide our medical care, including, importantly, the surgeon who will perform any operation we may need. It's one way we can ensure that we'll have the best possible result from any medical procedure. But Americans may not have this choice much longer. Change is coming to our nation's health care system, and changes now under consideration could limit your right to consult with the qualified specialist of your choice.

At the American College of Surgeons, we support initiatives to improve health care. We believe maintaining patient choice is crucial to maintaining high standards of care.

That's why we think you should be fully informed about *all* the implications these proposed changes could have on the care provided to you and your family.

While you may not have thought about patient choice before today, we know that the next time you or someone in your family needs an operation, you'll want to be able to choose a surgeon who has the best skills and experience to perform the procedure. Don't let your freedom to choose get away from you. Get the facts. Be informed.

I'm concerned about retaining the right of patient choice and want to learn more about this issue. Please send me a free copy of your brochure on patient choice and important information on surgical care.

NAME

ADDRESS

CITY STATE ZIP

Return to:
American College of Surgeons
Dept. CC94, 55 E. Erie Street, Chicago, Illinois 60611

Program Changes

Postgraduate Courses

Following publication of the course manual, the following film presentations will be added to Session IV of PG #4, Cardiac Surgery, on Thursday:

"Aortic Root Replacement Using the Button Technique for Annuloaortic Ectasia Plus an Annular Ring Abscess," by George E. Cimochowski, MD, Wilkes-Barre, PA; "Repair of Aneurysms of the Aortic Arch," by Randall Griepp, MD, FACS, New York, NY; and "Replacement of the Descending Thoracic Aorta Using the Elephant Trunk Technique," by Hans G. Borst, MD, and M. Hienemann, Hannover, Germany.

Surgical Forum

There has been an addition to the Plastic Surgery/Wound Healing III session on Wednesday at 1:30:

The ninth presentation will be "Grafting of Genetically Modified Keratinocytes Over-expressing PDGF-AA or IGF-I onto Athymic Mice," by Sabine A. Eming, MD; Jong Won Lee, PhD; Richard G. Snow, BS; Jeffrey R. Morgan, PhD; Martin L. Yarmush, MD, PhD; and Ronald G. Tomkins, MD, ScD. From Massachusetts General Hospital, Boston, MA.

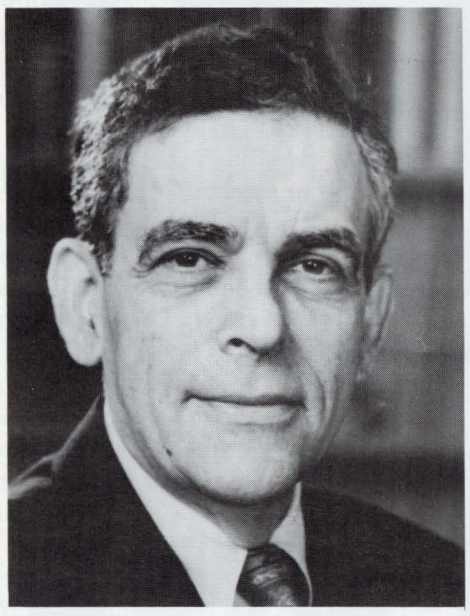
GS01 available as Express Tape

Due to popular demand and overattendance at session GS01, "Update on Surgical Nutrition" will be offered as an Express Tape. The tape will be available for purchase at the Clinitapes booth in the Registration area Thursday after 12:00 noon.

Registration totals

As of Tuesday afternoon, total registration for the Clinical Congress was 15,150. Of that number, 8,203 were physicians and 6,947 were exhibitors, guests, spouses, or convention personnel.

Genetics topic of Martin Memorial Lecture



Dr. Leder

The Martin Memorial Lecture, "The New Genetics: Hype and Hope" will be presented Thursday at 3:15 by Philip Leder, MD, in Arie Crown Theatre of McCormick Place. Dr. Leder is the John Emory Andrus Professor of Genetics and the chairman of the department of genetics at Harvard Medical School, Boston, MA. He is also senior investigator at the Howard Hughes Medical Institute.

Dr. Leder's research spans several fields in modern molecular genetics. He has contributed to the elucidation of the genetic code, the development of recombinant DNA technology, the analysis of the structural organization of mammalian genes, the generation of antibody diversity, and, recently, to an understanding of the mechanism of oncogene action in human cancer.

Following his undergraduate education at Harvard College and the completion of an MD degree at Harvard Medical School, Dr. Leder served a residency in internal medicine at the University of Minnesota Hospitals.

He then joined the National Institutes of Health, where he eventually became chief of the Laboratory of Molecular Genetics of the National Institute of Child Health and Human Development. Dr. Leder assumed his current positions at Harvard in 1980 and at the Hughes Institute in 1986.

In Thursday's lecture, Dr. Leder will discuss the dramatic new genetic techniques that have evolved in the last two decades and how they have affected medicine in terms of diagnostic and therapeutic agents, biologicals, and drugs.

However, Dr. Leder states, "Accompanying this clear progress has been a series of promises that have excited and energized not only the biomedical community, but the financial markets that look to medicine for growth and opportunity.

"Gene therapy, the use of genes directly in therapy rather than the use of the product of a gene, has been an approach that has received special attention. Possibly because the concept of genetic alteration is so easily misunderstood in the public mind, the sense of what is clearly possible has been confused with what may never be possible."

Surgeons rally to call for comprehensive EMS child care

In a meeting room filled to capacity on Tuesday, surgeons responded with applause and a standing ovation to Dr. J. Alex Haller's request for comprehensive and multidisciplinary emergency medical services (including both injury and illness) for infants and children.

In his Scudder Oration (Dr. Haller preferred the term "Scudder Conversation"), J. Alex Haller, Jr., MD, FACS, examined the history, status, and challenges of managing serious injuries in infants and children. Dr. Haller is professor of pediatric surgery, pediatrics, and emergency medicine at The Johns Hopkins University, Baltimore, MD. He is also associate director of emergency medical services for children's programs of the Maryland Institute of Emergency Medical Services Systems-Field Operations of the University of Maryland, Baltimore.

Dr. Haller outlined the evolutionary steps in 20th century trauma care, beginning with the understanding of the pathophysiology of trauma gleaned from World War II battlefields, continuing to the development of trauma care systems and regional trauma centers in 1955 through 1970, and culminating with the College's implementation of the Advanced Trauma Life Support® (ATLS®) efforts in 1979.

In fact, Dr. Haller said of the development of ATLS, "It may stand as the single most important contribution of the American College of Surgeons to care of the injured child and adult." ATLS, he continued, was unique in the 1970s in that it brought together surgeons from rural and urban areas, and from various fields.

Dr. Haller then proffered the sobering statistic that trauma is the number one killer of children, ages 1 to 14, and that in 1994, 1 out of 2 child deaths are from complications of injuries—mostly blunt force injuries.

An important fact to remember, he continued, is that children "are not little adults," and respond differently to trauma. For example, Dr. Haller said, airway and intubation techniques are different for infants and children, as are their mediastinum, chest wall, urninary output, neurologic functions, and vascular access.

The 1981 ATLS course, Dr. Haller said, promoted trauma systems dedicated to child and infant care.

Of the College's stand on trauma, Dr. Haller said that the Committee on Trauma's dicta have been and are: "trauma is a disease of modern society," and "trauma is a surgical disease." Dr. Haller added that *surgical management* of trauma means much more than just an operation.

Of the committee's efforts during the 1970s and early 1980s, he said that "we made two errors in judgment." The first was that "we had no partners," such as other EMS physician organizations. The second error in judgment, Dr. Haller said, was that the Committee did not incorporate *prevention* as part of trauma care.

These errors were addressed in the late 1980s, and pediatric physician involvement was actively sought. In listing the accomplishments of pediatricians, Dr. Haller said pediatricians first described the battered child syndrome and signs of child neglect, and first advocated child car restraints and other protective devices, as well as making landmark treatment discoveries.

Dr. Haller said that surgeons and pediatric physicians now have another opportunity to propel their role as trailblazers in EMS care and prevention. Dr. Haller cited the 1993 Institute of Medicine report that provides a model for child EMS systems. "Upon this model," Dr. Haller said, "we can build a more comprehensive system." Also in 1993, he said, there were joint congressional efforts for trauma funding that were spurred primarily by the ACS, American Academy of Pediatrics, and the American College of Emergency Physicians, as well as the American Medical Association.

What surgeons have learned from involvement with their pediatric colleagues, Dr. Haller said, is that "we can design comprehensive, interspecialty types of EMS for injury and illness for both children and adults."

Finally, Dr. Haller implored the surgeons in the audience to become nestors in the establishment of EMS for injury and illness for all citizens, as this group of professionals "leads in the total management of trauma."

Product locator kiosks stand in the technical exhibit area to aid meeting attendees find specific exhibitor booths.